

Appendix 28

Clozapine Management

Conditions for Coverage of Clozapine Management

Physicians and physician clinics may be separately reimbursed for clozapine management services when all of the following conditions are met:

- A physician prescribes the clozapine management services in writing if any of the components of clozapine management are provided by the physician or by individuals who are under the general supervision of a physician. Although separate prescriptions are not required for clozapine tablets and clozapine management, the clozapine management service must be identified as a separately prescribed service from the drug itself.
- The recipient is currently taking or has taken clozapine tablets within the past four weeks.
- The recipient resides in a community-based setting (excludes hospitals and nursing homes).
- The physician or qualified staff person has provided the components of clozapine management as described below.

Clozapine is appropriate for recipients with an *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) code diagnosis between 295.10 and 295.95 **and** who have a documented history of failure with at least two psychotropic drugs. Lithium carbonate may not be one of the two failed drugs. Reasons for the failure may include:

- No improvement in functioning level.
- Continuation of positive symptoms (hallucinations or delusions).
- Severe side effects.
- Tardive dyskinesia/dystonia.

Components of Clozapine Management

The following components are part of the clozapine management service (regardless of which of the three clozapine management procedure codes is billed) and must be provided, as needed, by the physician or by a qualified professional under the general supervision of the physician:

- Ensure that the recipient has the required weekly or biweekly white blood cell count testing. Recipients must have a blood sample drawn for white blood count testing before initiation of treatment with clozapine and must have subsequent white blood counts done weekly for the first six months of clozapine therapy.

If a recipient has been on clozapine therapy for six months of continuous treatment and if the weekly white blood counts remain stable (greater than or equal to 3,000/mm³) during the period, the frequency of white blood count monitoring may be reduced to once every two weeks. For these recipients, further weekly white blood counts require justification of medical necessity. Recipients who have their clozapine dispensed every week but who have a blood draw for white blood cell count every two weeks qualify for biweekly, not weekly, clozapine management services.

For recipients who have a break in therapy, white blood cell counts must be taken at a frequency in accordance with the rules set forth in the “black box” warning of the manufacturer’s package insert.

The provider may draw the blood or transport the recipient to a clinic, hospital, or laboratory to have the blood drawn, if necessary. The provider may travel to the recipient’s residence, or other places in the community where the recipient is available, to perform this service, if necessary. The provider’s transportation to and from the recipient’s home or other community location to carry out any of the required

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services listed here are considered part of the capitated weekly or biweekly payment for clozapine management and is not separately reimbursable. The blood test is separately reimbursable for a Medicaid-certified laboratory.

- Obtain the blood test results in a timely fashion.
- Ensure that abnormal blood test results are reported in a timely fashion to the provider dispensing the recipient's clozapine.
- Ensure that the recipient receives medications as scheduled and that the recipient stops taking medication when a blood test is abnormal, if this decision is made, and receives any physician-prescribed follow-up care to ensure that the recipient's physical and mental well-being is maintained.
- Make arrangements for the transition and coordination of the use of clozapine tablets and clozapine management services between different care locations.
- Monitor the recipient's mental status according to the care plan. The physician is responsible for ensuring that all individuals having direct contact with the recipient in providing clozapine management services have sufficient training and education. These individuals must be able to recognize the signs and symptoms of mental illness, the side effects from drugs used to treat mental illness, and when changes in the recipient's level of functioning need to be reported to a physician or registered nurse.
- Keep records as described below.

Record Keeping Requirements for Clozapine Management

The provider who bills for clozapine management must keep a unique record for each recipient for whom clozapine management is provided. This record may be a part of a larger record, which is also used for other services, if the provider is also providing other services to the recipient. However, the clozapine management records must be clearly identified as such, and must contain the following:

- A face sheet identifying the recipient, to include the following information:
 - ✓ Recipient's Medicaid identification number.
 - ✓ Recipient's name.
 - ✓ Recipient's current address.
 - ✓ Name, address, and telephone number of the primary medical provider (if different from the prescribing physician).
 - ✓ Name, address, and telephone number of the dispensing provider from whom the recipient is receiving clozapine tablets.
 - ✓ Address and telephone number of other locations at which the client may be receiving a blood draw on his or her own.
 - ✓ Address and telephone number where the recipient can often be contacted.
- A care plan indicating the manner in which the provider ensures that the covered services are provided (e.g., plan indicates where and when blood will be drawn, whether the recipient will pick up medications at the pharmacy or whether they will be delivered by the provider). The plan should also specify signs or symptoms that might result from side effects of the drug, or other signs or symptoms related to the recipient's mental illness, which should be reported to a qualified medical professional. The plan should indicate the health care professionals to whom oversight of the clozapine management services has been delegated and indicate how often they will be seeing the recipient. The plan should be reviewed every six months during the first year of clozapine use. Reviews may be reduced to once per year after the first year of use if the recipient is stable, as documented in the record.

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- Copies of physician's prescriptions for clozapine and clozapine management.
- Copies of laboratory results of white blood cell counts.
- Signed and dated notes documenting all clozapine management services. Indicate date of all blood draws as well as who performed the blood draws. If the provider had to travel to provide services, indicate the travel time. Document services provided to ensure that the recipient received medically necessary care following an abnormal white blood cell count.

Physicians and physician clinics providing clozapine management services must be extremely careful not to double bill Wisconsin Medicaid for services. This may happen when physicians provide clozapine management services during the same encounter as when they provide other Medicaid-allowable physician services. In these cases, the physician must document the amount of time spent on the other physician service separately from the time spent on clozapine management. Regular psychiatric medication management is not considered a part of the clozapine management services; and therefore, may be billed separately.

Noncovered Clozapine Management Services

Wisconsin Medicaid does not cover the following as clozapine management services:

- Clozapine management for a recipient not receiving clozapine, except for the first four weeks after discontinuation of the drug.
- Clozapine management for recipients residing in a nursing facility or hospital on the date of service.
- Care coordination or medical services not related to the recipient's use of clozapine.

Related Services Which Are Reimbursed Separately from Clozapine Management

- White Blood Cell Count — The white blood cell count must be performed and billed by a Medicaid-certified laboratory to receive Wisconsin Medicaid reimbursement.
- Recipient Transportation — Recipient transportation to a physician's office is reimbursed in accordance with HFS 107.23, Wis. Admin. Code. Such transportation, when provided by a specialized medical vehicle (SMV), is not covered unless the recipient is certified for SMV services as described in the General Information chapter of this section. Recipient transportation by common carrier must be approved and paid for by the county agency responsible for Medicaid transportation services.

Billing for Clozapine Management

Wisconsin Medicaid reimburses a single fee for management services provided either once per calendar week (i.e., Sunday through Saturday) or once per two calendar weeks. Providers indicate a quantity of one for each billing period. For recipients who have weekly white blood cell counts, the billing period is one week. For recipients who have biweekly white blood cell counts, the billing period is two weeks.

Providers must bill clozapine management services on the national CMS 1500 claim form electronically, or on paper. For each billing period, only one provider per recipient may be reimbursed for one of the three clozapine management

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procedure codes listed below. The allowable procedure, type of service (TOS), and place of service (POS) codes are as follows:

Procedure	Description	TOS	POS
W8902	Clozapine Management — No face-to-face contact between client and clozapine management provider. Client may need a telephone reminder to assure the blood draw is done, but the client is able to get to the blood draw site.	1	0, 2, 3
W8903	Clozapine Management — Clozapine management provider does the blood draw at his or her office or at a site where multiple clients come.	1	0, 2, 3, 4
W8904	Clozapine Management — Clozapine management provider must go to a client's home or elsewhere to find client and draw blood (only one client per site).	1	0, 4

Allowable POS codes for clozapine management:

- 0 = Pharmacy
- 2 = Outpatient Hospital
- 3 = Doctor's Office
- 4 = Home